

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Nonsurgical Weight Reduction

January 1, 2008
Updated October 1, 2008

NONSURGICAL WEIGHT REDUCTION

Medical treatments for obesity take on many forms, including structured weight loss programs such as weight watchers, modified fasts, injections, and supplements.

ORIGINAL MEDICARE

Nonsurgical weight reduction services for treatment of obesity alone are not covered under Original Medicare.

MEDICARE ADVANTAGE

Coverage for nonsurgical weight reduction services is available only to the State of Michigan Retirees under the Medicare Advantage private fee-for-service group plan. The scope of this benefit and maximum allowable payment amount are determined by the group.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider¹ concept for group specific benefits. The deemed provider concept does not apply in the provision of nonsurgical weight reduction benefit since it is solely based on reimbursement to the member after the nonsurgical weight reduction services and products have been purchased by the member.

The table below specifies payment conditions for nonsurgical weight reduction:

Conditions For Payment	
Eligible providers	Clinics or centers for weight reduction, M.D., practitioners
Deemed provider	Member reimbursement program
Payable location	Home
Frequency	No restrictions
CPT/HCPCS codes	84702, 84703, 90772, 99199, J0725, J3240, J3430
Diagnosis restrictions	<ul style="list-style-type: none">• Patient must be 100 or more pounds overweight; or• Have a body mass index of 50; or• Have a BMI of 25 accompanied by obesity complications of a medical condition.
Age restrictions	No restrictions

¹ 2008 Terms and conditions

Reimbursement

Reimbursement for nonsurgical weight reduction benefit is provided to the member. A \$300 maximum dollar amount applies to services or products covered under the nonsurgical weight reduction benefit.

The following criteria must be met:

- a. The member must be certified by a physician indicating that there is a need to be part of a diet program.
- b. Services received from acceptable clinics or centers are payable if medical criteria are met and the services are referred or prescribed by a physician.

The member submits a receipt, invoice or weight loss clinic claim form for the nonsurgical weight reduction services or products purchased. If the services or products are acceptable per the program specifications, the member is reimbursed. The following products and services are acceptable for reimbursement:

- Human chronic gonadotropin (HCG)
- Nutritional supplements
- Rice supplement
- Shake
- Special diet supplement
- Vitamins
- Weight reduction programs (e.g., Weight Watchers, Jenny Craig, Medical Weight Loss Clinic, etc.)
- Whole body calorimeter
- B-12 injections
- Vitamin injections

The maximum payment amount for the nonsurgical weight reduction benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

Billing Instructions

1. The member must contact BCBSM to request information regarding the nonsurgical weight reduction benefit.
2. An acknowledgement letter and a weight loss information request form will be mailed to the member.
 - a. The provider must complete and return the weight loss information request form to BCBSM using the address indicated below.

- b. When the provider returns the weight loss information request form it will be reviewed and a determination letter will be sent to the member from BCBSM authorizing eligibility for the nonsurgical weight reduction benefit.
3. The member must request payment for the nonsurgical weight reduction benefit. The following information must be submitted:
 - a. A copy of the determination letter
 - b. Invoice, receipt, or weight loss clinic claim form
 - c. Date of service
 - d. Itemized list of services
 - e. Charged amount for services or products
 - f. Paid amount for services or products
 - g. Member's name and contract number
4. All documentation should be sent to:

Medicare Plus Blue Group
600 E. Lafayette Mail Code - X519
Detroit, MI 48226-2998